

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

04/7/230 AV

DOCUMENT # P93000009899

1. Entity Name  
E.S. CONCRETE SERVICE, INC.



05-02-2003 90237 040 \*\*\*158.75

Principal Place of Business  
726 EAST HARBOR RD S  
ST PETERSBURG FL 33705  
US

Mailing Address  
726 E HARBOR DR S  
ST PETERSBURG FL 33705  
US



2. Principal Place of Business

726 E. Harbor Dr.  
Suite, Apt. #, etc.

3. Mailing Address

726 E. Harbor Dr.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
ST. PETERSBURG, FL

City & State  
ST. PETERSBURG, FL

4. FEI Number 59-3119582

Applied For  
Not Applicable

Zip  
33705

Country

Zip  
33705

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLY, ENORIS  
726 E. HARBOR DR., S.  
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DCM  
NAME SLY, ENORIS  
STREET ADDRESS 726 EAST HARBOR DRIVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE PTSO  
NAME SLY, ENORIS  
STREET ADDRESS 726 E HARBOR DR S  
CITY-ST-ZIP ST PETERSBURG FL

☐ Delete

TITLE P  
NAME ENORIS, SLY  
STREET ADDRESS 726 EAST HARBOR DRIVE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

560-0957

Daytime Phone #

CR2E034 (10/02)